U.S. Department of Justice
United States Marshals Service

PROCESS [RECEIPT AND RETURN]
See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

FILED
2008 JUN -5 AM 8:29
CLERK US DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY [signature] DEPUTY

PLAINTIFF Nathan Kevin Turner	COURT CASE NUMBER 08cv0360 W (RBB)
DEFENDANT Bonnie Dumanis, District Attorney	TYPE OF PROCESS SUMMONS AND COMPLAINT

SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
City/County of the Office of the District Attorney's Office

AT ADDRESS (*Street or RFD, Apartment No., City, State and ZIP Code*)
330 W. Broadway
San Diego, California. 92101

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

NATHAN KEVIN TURNER
CALIFORNIA MEDICAL FACILITY
POST OFFICE BOX 2000
VACAVILLE, CA 95696-2000

Number of process to be served with this Form - 285	6
Number of parties to be served in this case	6
Check for service on U.S.A.	

RECEIVED
2008 JUN -4 A 9:33
U.S. MARSHAL
SOUTHERN DISTRICT OF CALIFORNIA

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service*):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:		TELEPHONE NUMBER	DATE
	☒ PLAINTIFF ☐ DEFENDANT		4/20/2008

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (*Sign only first USM 285 if more than one USM 285 is submitted*)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 98	No. 98	[signature]	6/4/08

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (*See remarks below*)

Name and title of individual served (*if not shown above*)
Cheryl Ruffier, Special Assistant Attorney

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (*complete only if different than shown above*)

Date of Service	Time
6/4/08	11:22 (am) pm

Signature of U.S. Marshal or Deputy
[signature]

Service Fee	Total Mileage Charges (*including endeavors*)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

PRIOR EDITIONS MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)